



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

SPECIAL TEACHING SERVICE

<input type="checkbox"/>	American School at Hartford for the Deaf	<input type="checkbox"/>	Connecticut Institute for the Blind	<input type="checkbox"/>	Newington Children's Hospital
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Directions:

1. Check the type of Special Teaching Service above.
2. Complete Member Section A.
3. Forward to Employer for completion of Section B.
4. Return completed form to CTRB.

A: Member Section

Member Name	_____	SSN	_____
Current Address	_____ _____ _____		
Member Signature	_____	Date	_____

B: Employer Section

This is to certify that school records show that the above named member served as a TEACHER for the following period(s) of time. (If part time service, please provide the days or hours worked daily, weekly or yearly).

Date Began Mo/Day/Year	Date Terminated Mo/Day/Year	FTE		Absences In School Days	Length of School Year in Months
		Full-time	Part-time		

I hereby certify that the information which has been provided has been extracted from official payroll record or substantiating documents.

Signature _____ Date _____

Official position or title _____ Phone # _____